

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** LIBERTY HOUSE (0009422)  
**Address:** 1224 YOUT ST, RACINE, WI 53402  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/14/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0097351      **End Date:** 06/29/2006      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011877    Served 07/18/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                   | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 50.065(2)(b)intro         | ENTITY BACKGROUND CHECK REQUIREMENTS  |                                |                  |
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF            |                                |                  |
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS     |                                |                  |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY             |                                |                  |
| 88.06(3)(c)               | ASSESSMENT IDENTIFY NEEDS & ABILITIES |                                |                  |
| 88.06(3)(d)               | INDIVIDUAL SERVICE PLAN               |                                |                  |
| 88.09(2)(a)               | SERVICE PROVIDER RECORD               |                                |                  |
| 88.10(3)(a)               | FAIR TREATMENT                        |                                |                  |

**Survey ID:** 0094815      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
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**Survey ID: 0094385      End Date: 03/25/2005      Type: OTHER      Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008781    Served 04/30/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u>      | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------|--------------------------------|------------------|
| 50.065(6)(b)              | CREDENTIALLED CAREGIVERS | 04/30/2005                     | Yes              |

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**Survey ID: 0091160      End Date: 10/01/2003      Type: STANDARD      Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

| Enforcement History |
|---------------------|
|---------------------|

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|-------------------------|----------------------|---------------------|
| <b>Date: 04/01/2005</b> | <b>SOD #10008781</b> | <b>Appealed: No</b> |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH REQUIREMENT

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